

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/28/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969088	(X3) DATE SURVEY COMPLETED R 03/05/2019
NAME OF PROVIDER OR SUPPLIER ALF SWEET HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 9700 SW 15TH ST MIAMI, FL 33174	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A standard biennial third revisit survey was conducted on ALF Sweet Home, LLC with a Limited Mental Health component, had a deficiency identified at the time of the survey: 0160 - Records - Facility - 58A-5.024(1) FAC Based on record review and interview, the facility failed to have an updated admission and discharge log. There was no demographic information for 11 residents, no location admitted from for 13 residents, and discharge location for four residents. Findings included: Review of the admission and discharge log showed that the dated admitted, and place from which admitted were not listed for several residents who had been discharged recently and residents that had been admitted. On at 12:00 PM, the owner stated that he thought that the admission and discharge log was up to date. He stated that had one resident that was admitted on and he had forgotten to add him to the admission log. Class III		

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